## BEST AVAILABLE COPY

|  |  |   |                     |                               |                      |                  |        | Application or Docket Numb |            |                        |                |                     | ber <sup>r</sup>       |  |
|--|--|---|---------------------|-------------------------------|----------------------|------------------|--------|----------------------------|------------|------------------------|----------------|---------------------|------------------------|--|
|  | PATENT APPLICATION FEE DETERMINATION RECO  |   |                     |                               |                      |                  |        |                            |            |                        |                |                     |                        |  |
| Effective October 1, 2000  |  |   |                     |                               |                      |                  |        |                            | 0998-204   |                        |                |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                     |                               |                      |                  |        | SMALL ENTITY TYPE          |            |                        | OR             | OTHER<br>SMALL I    |                        |  |
| TOTAL CLAIMS   |  |   | 46                  |                               |                      |                  | 1      | RATE                       | <b>=</b> ] | FEE                    |                | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED        |                               | NUMBER EXTRA         |                  |        | BASIC FEE 355.00           |            | 355.00                 | OR             | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | <b>46</b> minus 20= |                               | . 26                 |                  |        | X\$ 9=                     |            |                        | OR             | X\$18=              | 468                    |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =           |                               | 14                   |                  |        | X40=                       |            | ,                      | OR             | X80=                | 1180                   |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT              |                               |                      |                  |        | +135=                      |            |                        |                | +270=               | 118                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                       |  |   |                     |                               |                      |                  |        |                            |            |                        | OR             |                     |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                     |                               |                      |                  |        | TOTA                       | L          |                        | OR             | TOTAL               | 771441                 |  |
| 1-   | -27-04 (Column 1) (Column 2) (Column 3)  |   |                     |                               |                      |                  |        | SMAL                       | LE         | NTITY                  | OR             | OTHER<br>SMALL I    |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>ÄFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |        | RATE                       | =          | ADDI-<br>TIONAL<br>FEE | ·              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 33                                      | Minus :             | ئى · •                        | 33                   | <b>=</b>         |        | X\$ 9:                     | =          |                        | OR             | X\$18=              |                        |  |
|  | Independent  | • 4.                                      | Minus               | .***                          | 7                    |                  |        | X40=                       |            | •                      | OR             | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                     |                               |                      |                  |        | ,,,                        |            |                        |                |                     |                        |  |
| ٠  |  |   |                     | •                             | +135                 |                  |        | =<br>AL                    | a. a.,     | OR                     | +270=<br>TOTAL |                     |                        |  |
| •  |  |   | :                   |                               |                      |                  | •      | ADDIT. F                   |            |                        | OR             | ADDIT. FEE          |                        |  |
| _  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |   |                     |                               |                      |                  |        |                            | -          | 4001                   | ?<br>          |                     | 100                    |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | PREV                          | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE                       |            | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | • • • • • • •                             | Minus               | ••                            | -                    | =                |        | X\$ 9                      | -          |                        | OR             | X\$18=              |                        |  |
|  | Independent  | •   | Minus .             | ***                           | •                    | =                |        | X40=                       |            |                        | OR             | X80=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                     |                               |                      |                  |        | +135                       | ┪          | •                      |                |                     |                        |  |
|  |  |   |                     |                               |                      |                  |        |                            | AL         |                        | OR             | +270=<br>• TOTAL    |                        |  |
| •  |  |   |                     |                               |                      |                  |        |                            | ÉÉ         |                        | OR             | ADDIT. FEE          |                        |  |
| _  |  |   |                     | ٠.                            | <u>'</u>             |                  |        |                            |            |                        |                |                     |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE                       | •          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total.   | •   | Minus               | ••                            | •                    | =                |        | X\$ 9;                     | _          |                        | OR             | X\$18=              | ï                      |  |
|  | Independent  | • .                                       | Minus               | ***                           |                      | =                |        | X40=                       | 1          |                        |                | X80=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                     |                               |                      |                  |        |                            | -          |                        | OR             |                     |                        |  |
| +135=<br>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                     |                               |                      |                  |        |                            |            |                        | OR             | +270=               |                        |  |
| **   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |                     |                               |                      |                  |        |                            |            |                        |                | TOTAL<br>ADDIT: FEE |                        |  |
|  | The "Highest Nun   | nber Previously Pa                        | id For" (Total or   | Independ                      | dent) is the         | highest numbe    | er for | und in the                 | apç        | ropriate bo            | x in co        | lumn 1.             |                        |  |